

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-016299

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2414

STATE FILE NUMBER

FILED MAY 6 1963

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1

3

4

5

6

7

8

10

11

12

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

BY AFFIDAVIT OF  
J. Centry  
MEDICAL CERTIFICATION

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY Jackson   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Jackson |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN Kansas City                   |  | c. CITY OR TOWN Kansas City  |  |
| Length of stay in 1b<br>12 Years   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION St. Joseph Hospital |  | d. STREET ADDRESS (If outside, give location)<br>8802 Stark  |  |
| Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>               |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |

|   |                           |   |  |   |   |
|---|---------------------------|---|--|---|---|
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br>Mrs. Ola Elizabeth Super                              |                           |   | 4. DATE OF DEATH<br>Month Day Year<br>April 21, 1963 |   |   |
| 5. SEX<br>Female  | 6. COLOR OR RACE<br>White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br>2/20/1922                        | 9. AGE (last birthday)<br>41                                      | IF UNDER 1 YEAR<br>Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Housewife          |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br>At Home  |  | 11. BIRTHPLACE (City and state or country)<br>Texas U S A         |   |
| 13a. FATHER'S NAME<br>Frank B. Cook   |                           | 13b. MOTHER'S MAIDEN NAME<br>Eunice Webster   |  | 14. NAME OF HUSBAND OR WIFE<br>Steve Super                        |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>No |                           | 16. SOCIAL SECURITY NO.<br>[redacted]   |  | 17. INFORMANT<br>Address<br>Mr. Steve Super 8802 Stark, K.C., Mo. |   |

|  |  |   |  |
|--|--|---|--|
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Malicious e. Coma</i>               |  | INTERVAL BETWEEN ONSET AND DEATH  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <i>abstained intakes from</i>           |  |   |  |
| DUE TO (c) <i>Invasive Igammaglobulinemia of cervical uterine.</i>   |  |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><i>none</i> |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |

|  |   |  |                                    |
|--|---|--|------------------------------------|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |                                    |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |  |                                    |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |   | 20f. CITY, TOWN, OR LOCATION<br>COUNTY STATE   |                                    |
| 21. I attended the deceased from <i>Mar 1962</i> to <i>April 1963</i> and last saw her alive on <i>4-22-63</i><br>Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |                                    |
| 22a. SIGNATURE<br><i>[Signature]</i> (Degree or title)   |   | 22b. ADDRESS<br><i>324 E 11th KC Mo</i>  | 22c. DATE SIGNED<br><i>4-22-63</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i>   | 23b. DATE<br><i>4/23/1963</i>   | 23c. NAME OF CEMETERY OR CREMATORY<br><i>Highland Park Cemetery</i>                          |                                    |
| 23d. LOCATION (City, town, or county)<br><i>Kansas City, Kansas</i>  |   | 23e. DATE RECD. BY LOCAL REG.<br><i>4-23-63</i>  |                                    |
| 24. FUNERAL DIRECTOR<br><i>Stine &amp; McClure - K.C., Missouri</i>  |   | 26. REGISTRAR'S SIGNATURE<br><i>Ruth Long</i>  |                                    |

(Licensed Embelmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

73-0000-000

2-5-73

D. E. M. Writing  
324611A  
Ha-1-1577  
2-5-73  
1/29

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Tracy M<sup>c</sup>Curdy*

Licensed Embalmer No. 5125

P. O. Address Kansas City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.